

# Uniform and Workwear Policy

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### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Details of changes made to the policy since the previous version must be clearly identified here or if significant changes are made these should be attached as a separate Appendix. If the document is a complete re-write then this must also be documented here.

**THIS POLICY HAS BEEN ENTIRELY REWRITTEN FROM ITS ORIGINAL VERSION.**

**NOVEMBER 2023: ADDITIONAL STATEMENT ADDED TO 5.1.3**

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### KEY WORDS

Uniform, work wear, dress code

## 1 INTRODUCTION AND OVERVIEW

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This policy standardises the dress code and uniform practices across the Trust by setting clear standards of expected dress for **all** colleagues who work within the University Hospitals of Leicester (UHL) NHS Trust in clinical and non-clinical settings.

These standards are underpinned by Infection Prevention and health and safety policies with an aim to increase public confidence. This policy has been formulated in the context of:

1. Infection Prevention policies and guidelines and bare below the elbow
2. Health and Safety requirements
3. Good equality practice

The possibility of transmitting infections via staff uniform / dress is a critical issue for employers, staff, and patients. Staff have a responsibility to minimise the potential to spread healthcare associated infections. Staff also have a responsibility for their own health and safety at work and that of their colleagues and patients.

All staff are required to appear presentable and smart in the workplace and must be:

<b>Safe</b>	Uniforms and clothing worn are practical, comfortable, and meet Health and Safety at Work Act (1974) and associated regulations
<b>Protected</b>	Clinical staff uniforms and clothing meet Infection Prevention recommendations and bare below the elbow (BBE). The aim being to reduce the risk of cross infection and avoid staff contaminating clothes. Some staff may have specific clothing requirements depending on the nature of their work (e.g., laboratory staff)
<b>Professional</b>	Ensuring that the individual promotes a clean, smart professional appearance, building public trust, confidence and promoting a positive image for the Trust and supports the Trust Values.
<b>Responsible</b>	It is the responsibility of every member of staff to ensure that their uniform is worn correctly, the dress for non-uniformed staff is of a professional standard and that the image and behaviour presented to the public is always of the highest professional standard. Repeated failure to adhere to the standards of this policy will result in disciplinary action.

## Key Principles and Objectives for patient safety, public confidence, staff comfort

### Patient safety

Effective hygiene and preventing infection transmissions are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate safe care practices and minimise any risk to patients. Uniforms and workwear should not impede effective hand hygiene and should not unintentionally come into contact with patients during direct patient care activities. Similarly, nothing should be worn that could compromise patient or staff safety during care, for example any nails products, rings, earrings other than studs, and necklaces. Local policies may allow a single plain metal ring, such as a wedding ring.

### Public confidence

Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people's overall perceptions of the standards of care they experience. Uniforms must be clean at all times and professional in appearance. In addition, although there is no evidence that wearing uniforms outside work adds to infection risks, public attitudes indicate it is good practice for staff to change at work or cover their uniforms as they travel to and from work.

Patients and visitors also like to know who staff are within the care team. Uniforms and name badges can help with this.

### Staff comfort

As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms. This includes being able to dress in accordance with their cultural practices. For example, although exposure of the forearm is a necessary part of hand hygiene during direct patient care activity. This guidance allows for covering of the forearm at other times.

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## 2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

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This policy applies to all employees of the Trust, including but not limited to staff on substantive/fixed term contracts, bank staff, agency staff, medical staff, staff on honorary contracts, students and volunteers when working on Trust premises or in patient homes, or when representing the Trust in other settings.

2.1. Responsibility for complying with the Uniform and workwear guidance lies with the individual employee. The Trust expects employees to demonstrate good judgement and professional taste. If the employee has cultural and/or religious beliefs that make it challenging for them to comply with this policy, they should discuss this issue with their line manager.

2.2. Line managers must take advice from specialist advisers (e.g., Infection Prevention team, Occupational Health, People and Culture) if they are unsure whether safe practice is being adopted.

## 3 DEFINITIONS AND ABBREVIATIONS

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<b>Clinical Activity</b>	Clinical activity is defined as any work activity either on a ward, health centre, UHL or patients/service user home during which a member of staff is in direct contact with the patient/client, their medical equipment, or their immediate environment (including anywhere where clinical activity is taking place).
<b>Covid 19</b>	Covid 19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' stands for virus and 'D' for disease. Formally this virus was referred to as '2019 novel coronavirus' or '2019-nCoV'. This has become a world-wide pandemic.
<b>Infection</b>	An organism present at wound/site and causes an inflammatory response or where an organism is present in a normally sterile site.
<b>Uniform</b>	Clothing of a distinctive design worn by members of a particular groups as a means of identification.
<b>Work wear</b>	Clothes designed to be worn while working.
<b>PPE</b>	Personal Protective Equipment

<b>Due Regard</b>	<p>The legal responsibilities listed in Section 49 (1) of the Equality Act 2010, to meet the requirements of the General Duty:</p> <ul style="list-style-type: none"> <li>• To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act.</li> <li>• To advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.</li> <li>• To foster good relations between people who share a relevant protected characteristic and people who do not share it.</li> </ul>
<b>Protected Characteristics</b>	<p>In the Equality Act 2010, nine characteristics were identified as 'protected characteristics'. The characteristics identify and describe groups of people; age, gender reassignment, being married or in a civil partnership, <a href="#">being pregnant</a> or on maternity leave, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation.</p>

## 4 ROLES – WHO DOES WHAT

### Responsibilities within the Organisation

#### 4.1 The Executive Lead for this Policy is the Chief Nurse

#### 4.2 The Clinical Management Group (CMG) and Corporate Directorate Senior Management Teams (Clinical Director, Head of Nursing, Head of Operations, Directors) are responsible for:

- Ensuring that this policy is disseminated and implemented within their areas.
- Monitoring compliance with this policy and taking action in cases of non-compliance
- Authorise any deviations to this policy based on risk assessment as detailed in Section 2.2
- Submitting requests for additional uniform colours for staff within their CMG to the Nursing Executive Team for discussion and authorisation

#### 4.3 Nursing Executive Team is responsible for:

- Authorising all requests for additional new colour uniforms for nursing and AHP staff

#### 4.4 Line Managers are responsible for:

- Ensuring that this policy is disseminated within their areas.
- Distributing and discussing this policy with new starters to their area
- Requesting that staff dress appropriately for work and are in turn, required to apply standards consistently
- Addressing issues of non-compliance with this policy.

4.5 **All staff are responsible for:** ensuring they wear the appropriate uniform or dress at work and adhere to this policy. Please note that non-compliance could result in disciplinary action

4.6 **Any member of staff** can challenge others who do not adhere to this policy and any member of staff inappropriately dressed must accept that they may be challenged at any time.

4.7 **Healthcare Professional Leads for Pre-Registration Education** of staff groups such as Medical, Nursing and Allied Health professionals are responsible for

- informing the Higher Education Institutions (HEI's) of our uniform and dress code requirements and that pre-registration students or trainees must be able to comply with this policy and informed of this at their interview
- Informing HEI's that noncompliance in students in training could result in failure in their professional conduct requirements which could lead to termination from the course.

4.8 **HR Recruitment Services and Recruiting Managers** are responsible for informing all interview candidates of the requirements of this policy and the expectations that they will be able to adhere to this policy should they be appointed to the Trust

## **5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT**

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### **5.1 General Principles for all staff**

- 5.1.1 Employees must ensure that their garments are presentable, clean, and are suitable for their roles and responsibilities.
- 5.1.2 The clothes worn should be appropriate for attendance at work i.e., business type dress, uniform, smart casual, in good condition.
- 5.1.3 Staff should refer to their professional code of conduct on maintaining professionalism however the following is not permitted in any work area or when representing the Trust:
- Low waistband trousers showing the abdomen/lower back allowing underwear to be visible, or casual leggings
  - Cropped tops, showing the abdomen/lower back,
  - Strapless or revealing tops,
  - Excessive jewellery other than jewellery stated in the policy,
  - Outfits which have slogans which may be offensive,
  - Any items of clothing worn in a clinical area that cannot be washed daily,
  - Other items which may not project a professional image, such as baseball caps, T-shirt with offensive language and hoodies with the hood up.
  - Staff must not express their personal beliefs (including political, religious, and moral beliefs) to other staff or patients in ways that exploit their vulnerability or are likely to cause them distress. This includes the wearing of clothes with logos or badges that express personal beliefs.

### **5.2 NAME BADGES/TIES**

- 5.2.1 All staff must always wear an ID badge which should show a current recognisable image. The ID badge should only be removed for safety reasons and the name badge ('Hello my Name is...' badge) worn to still show the staff members' name. Employees working in the community must always carry their ID badges with them and this must be visible when on duty or acting in an official capacity representing the Trust
- 5.2.2 If worn, neck lanyards must have a quick safety clip or safety breaks. If the lanyard becomes visibly soiled it must be changed as soon as practicably possible
- 5.2.3 Students are issued Trust ID badges which they must always wear to show status.
- 5.2.4 Managers can access new name badges from Cubiquity at [www.cubiquityportal.com/uhl](http://www.cubiquityportal.com/uhl) If an employee changes roles within the Trust, the Manager should be contacted to arrange a new badge with the correct job title on it.
- 5.2.5 Ties may be worn, but must be tucked into a shirt if worn within a clinical environment

### **5.3 HAIR, HAIR ATTIRE AND BEARD**

- 5.3.1 Hair and beards should be neat and clean. Long hair should be tied up and secured when handling food or when undertaking physical or clinical interventions with service users. Hair slides, clips and other fastenings must be discreet.
- 5.3.2 Hats and caps for example baseball cap should be removed when inside a Trust building and when interacting with patients either in a clinical setting or in their homes.
- 5.3.3 Due to cultural/religious beliefs there are some staff who wear head attire for example head scarves/turbans – these must be maintained in a clean, tidy condition, tucked inside uniform when giving clinical care and conform to Health and Safety and Security Regulations and Infection Prevention.

## **5.4 JEWELLERY**

- 5.4.1 To maintain a professional image in clinical and non-clinical areas jewellery should be kept to a minimum.
- 5.4.2 Any facial jewellery with the potential to snag should be removed, such as dangly earrings.
- 5.4.3 Religious / cultural artefacts, for example Mungle sotra (worn by Indian women – needs to be at least 18 inches long and tucked in) can be worn providing they are discreet and do not present an infection prevention issue.
- 5.4.4 Rings with stones must not be worn in clinical areas as they compromise hand hygiene. Only one plain band ring is permitted. This includes non-clinical staff who are working in clinical area i.e., Reception Staff. In addition, jewellery, including watches, and all rings must be removed when entering a clinical area and if dealing directly with patients, in situations likely to cause injury to patients, staff or visitors.
- 5.4.5 Body piercing should be covered and kept to a minimum for health and safety and infection prevention reasons.
- 5.4.6 The Trust will not be liable for any injury sustained by an employee caused by the wearing of any jewellery.
- 5.4.7 The security of jewellery that an employee has been asked to remove remains the responsibility of the wearer. The Trust is not liable for any loss

## **5.5 NAILS**

- 5.5.1 Nails should be kept short and particular attention paid to them when washing hands as most microbes on the hands come from beneath the fingernails.
- 5.5.2 Particular attention should be paid to nails for those undertaking clinical procedures and handling food.
- 5.5.3 Artificial/acrylic/shellac nails or nail polish must not be worn when delivering clinical care.

When undertaking clinical activity long sleeves should be rolled up to ensure bare below elbow. This is to promote good hand hygiene practice

## **5.6 TATTOOS**

- 5.6.1 Tattoos are to be covered as much as possible and where present, the individual with the tattoo, should be mindful of the potential offence to others. Where tattoos could be deemed to be offensive to patients or colleagues, they should be appropriately covered where possible. If in doubt, staff should seek advice from their Directorate People Partner.

## **5.7 FOOTWEAR**

- 5.7.1 Sensible footwear must be worn and should be viewed as protection to feet. These should be able to be wiped clean, be dark in colour and soft soled in the clinical areas. Employees must be able to respond to any emergency without placing themselves at risk.

- 5.7.2 Staff are not permitted to wear flip flops or stilettos (no more than 6 cm). Open toed shoes or sandals worn in non-clinical areas are worn at the individuals' own risk. Open toed shoes must not be worn in clinical areas.

## **5.8 OUTER GARMENTS**

- 5.8.1 No outer garments for example jackets should be worn in clinical areas or when interacting with patients, for example on the ward. Staff can however wear fleeces and cardigans if they can be removed when undertaking a clinical intervention.
- 5.8.2 Staff on community visits can wear appropriate coat or jackets in patients' homes; these must however be removed prior to undertaking any clinical care.

## **5.9 UNIFORM**

- 5.9.1 Uniform is provided by the Trust as protective clothing for use on duty and remains the property of the Trust at all times.
- 5.9.2 Uniform can be ordered via local arrangements; staff should contact their line manager for further information.
- 5.9.3 When wearing uniform members of staff should remember that the image of their professional group as well as the Trust is influenced by their appearance and behaviour.
- 5.9.4 Staff who smoke must not smoke in uniform or be identifiable as a health care worker. For further details refer to the smoking policy.
- 5.9.5 Staff should avoid wearing uniform outside the hospital wherever possible.

## **5.10 PROTECTIVE CLOTHING**

- 5.10.1 The primary use of Personal Protective Equipment (PPE) is to protect staff and reduce opportunities for transmission of micro-organisms.
- 5.10.2 Personal protective equipment can be used for a variety of activities.
- 5.10.3 Please see the Infection Prevention Policy for further details.

## **5.11 DISAGREEMENT**

- 5.11.1 Managers are responsible for ensuring this policy is followed consistently and appropriately. It is not meant to be an exhaustive list of rules rather to give a general indication of the expected standards.
- 5.11.2 Where the staff member and line manager disagree on the application of this policy, the matter should be referred to the next in-line manager.

Associated Documents –None.

## **6 EDUCATION AND TRAINING REQUIREMENTS**

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As part of the local induction process, all new employees will receive information regarding the uniform and dress code policy. There are no other education and training requirements for the implementation of this policy.

## **7 PROCESS FOR MONITORING COMPLIANCE**

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Compliance will be monitored through:

- Spot checks of dress code and uniform policy during site visits
- The Infection prevention and control audits which include bare below the elbow and hand hygiene audits



## 7.1 FAILURE TO COMPLY

Employees who do not adhere to the Uniform and workwear guidance will be asked to return home to change into more suitable clothing and to pay back any working time lost. Continued failure by a member of staff to adhere to this policy will be managed under the Trust's Disciplinary Policy.

### POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Adherence to the Uniform and workwear guidance	All Line Managers	Visual Inspection	As required and on an individual basis.	Noncompliance managed through this policy and escalated as appropriate.
Hand Hygiene, Bare below the elbow	Heads of Nursing/ Department manager	Hand Hygiene and Dress Code policies audit tool	Monthly	CMG Infection Prevention Meetings (IPOG) and the Trust Infection Prevention Committee (TIPAC) The Matron and ward Sister for the ward / area concerned will undertake action plans within reasonable time frames.

## 8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

### 9.1 Policies

- Uniforms and workwear: guidance for NHS employers (2020)
- Hand Hygiene Policy (Trust ref B32/2003).
- Personal Protective Equipment at Work Policy (Trust ref B9/2004) Disciplinary Policy and Procedure (Trust ref A6/2004)
- Non Smoking Policy (Trust ref A1/2006)

### 9.2 References

Ayliffe, G.A.J., Lowbury, E.J.L., Geddes, A.M. & Williams, J.D. (2000) **Control of Hospital Infection: A Practical Handbook** Chapman & Hall.

Department of Health (2007) **Uniforms and Workwear: an evidence base for developing local policy**, September 2007, <http://www.dh.gov.uk/publications>

Department of Health (2010) **Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers**, March 2010, <http://www.dh.gov.uk/publications>

National Audit Office, (2006) **Reducing Healthcare Associated Infections In England, (June 2009, HC560)**.

Royal College of Nursing (2009) **Guidance on Uniforms and Workwear**, 2nd edition, May 2009, London, RCN

Ward, D. (2007) **Hand Adornment**, British Journal of Nursing, Vol16, Number 11.

10.1 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

10.2 This policy will be reviewed every three years or sooner in response to possible patient or staff safety issues